



**STATEMENT OF PROCEEDINGS FOR THE
REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION FOR
CHILDREN AND FAMILIES
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 739
LOS ANGELES, CALIFORNIA 90012
<http://lachildrenscommission.org>**

Monday, May 20, 2013

10:00 AM

AUDIO LINK FOR THE ENTIRE MEETING. (13-2431)

Attachments: [AUDIO](#)

Present: Chair Geneva Berger, Vice Chair Susan F. Friedman,
Commissioner Carol O. Biondi, Commissioner Patricia Curry,
Commissioner Dr. Sunny Kang, Commissioner Steven M. Olivas
Esq., Commissioner Sandra Rudnick, Commissioner Becky A.
Shevlin, Commissioner Adelina Sorkin LCSW/ACSW and
Commissioner Martha Trevino-Powell

Excused: Vice Chair Helen Kleinberg, Commissioner Ann E. Franzen, and
Commissioner Daphne Ng

Call to Order. (13-2324)

The meeting was called to order at 10:05 a.m.

I. ADMINISTRATIVE MATTERS

1. Introduction of May 20, 2013 Meeting attendees. (13-2325)

Self-introductions were made.

2. Approval of the May 20, 2013 Meeting Agenda. (13-2326)

On motion of Commissioner Sandra Rudnick, seconded by Commissioner Adelina Sorkin LCSW/ACSW, unanimously carried, (Commissioners Franzen and Ng being absent), this item was approved. Commissioners Olivas and Shevlin were not present during the vote taken for this item.

3. Approval of the minutes from the Meeting of May 6, 2013. (13-2327)

On motion of Commissioner Adelina Sorkin LCSW/ACSW, seconded by Commissioner Dr. Sunny Kang, unanimously carried, (Commissioners Franzen, Kleinberg, and Ng being absent), this item was approved. Commissioners Olivas and Shevlin were not present during the vote taken for this item.

Attachments: [SUPPORTING DOCUMENT](#)

II. REPORTS

4. Chair's report for May 20, 2013 by Genevra Berger, Chair. (13-2330)

Chair Berger reported the following:

- **The Commission's 29th Anniversary was on May 8, 2013.**
- **The Department of Mental Health is holding its 2013 Transition Age Youth (TAY) Conference on May 29, 2013, at the California Endowment Center for Healthy Communities, located at 1000 N. Alameda Street, Los Angeles, CA 90012. Forum registration fee is \$20.**
- **The Department of Mental Health is holding its Client Congress Forum 2013 "Many Voices – One Vision" on Friday, June 28, 2013 at the Cathedral Plaza Center, located at 555 W. Temple Street, Los Angeles. Registration forms are available from staff. The event is on a first come first served basis until capacity is reached. Forum registration fee is \$20.**
- **The 2013 Leadership Conference hosted by the Quality and Productivity Commission will be held May 22, 2012, at the Music Center. If you are interested in attending, please contact staff.**
- **The Executive Office is hosting their quarterly New Commissioner Orientation on Thursday, June 6, 2013 at 1:00 p.m. If Commissioners are interested in attending, please let staff know.**

Commissioner Curry distributed a draft of First 5 LA's State Legislative Agenda that was discussed at the First 5 LA meeting held on May 16, 2013.

After discussion, by common consent and there being no objection, this item was received and filed.

Agenda Item 5 was taken after Item 6.

- 5. DCFS Director's report for May 20, 2013 by Philip Browning, Director, DCFS (13-2331)**

In the absence of Director Browning, Fesia Davenport, DCFS Chief Deputy Director, reported the following:

- **DCFS is working with the Inter-University Consortium (IUC) on the redesign of its public and child welfare training program curriculum. A six-month extension from the State on the current contract with universities has been approved. The statement of work for the redesigned curriculum is near completion and will go through a thorough review. It has been determined that the Master of Social Work (MSW) stipend will continue. Some of the main issues being addressed in the new contract involve determining what the MSW's experience will be and determining the type of training DCFS believes will better prepare those undergoing the MSW training before working in the field. Additionally, feedback from current employees that have undergone the training is being considered. A meeting with DCFS regional administrators has been scheduled to unveil the proposed training plan.**

Jacquelyn McCroskey, DSW, John Milner Professor of Child Welfare University of Southern California School of Social Work, added that collaborative work between DCFS and the University is being done at the training level to address some of the concerns identified.

- **The DCFS Policy Manual (Manual) rewrite is underway. Elements of the Core Practice Model are being integrated into the Manual. A web-based format of the Manual is being considered. The Union is pleased with the direction of the Manual.**
- **A formula for Children's Social Worker (CSW) case load equalization which addresses the weighting of cases relative to workload has been completed. The next steps are to share the formula with the Union, Board of Supervisors (Board), Chief Executive Office (CEO), and the Commission with the intent of allocating the next class of staff entering DCFS based on the case load equity formula.**
- **The DCFS Strategic Plan Teams are on schedule to meet their July 13, 2013 objective target. An implementation schedule for the objectives is being considered.**

In response to questions posed by the Commission, Ms. Davenport responded with the following:

- Applications for stipends are processed through the universities; interviews are conducted as part of the application process. DCFS is evaluating the number of students that decide to discontinue the stipend agreement and opt to pay back the stipend.

After discussion, by common consent and there being no objection, this item was received and filed.

III. PRESENTATIONS

6. Update by Department of Children and Families (DCFS) on Child Fatalities:

- Brandon Nichols, Senior Deputy Director, DCFS
- Francesca LeRúe, Acting Division Chief, Risk Management Division, DCFS (13-2322)

Mr. Nichols reported the following:

- A recent case out of San Diego County referred to as the “Butterfield Case” modifies the reporting duties outlined in SB 39, Child Fatality Reporting and Disclosure Requirements. The case ruling in January of 2013 expanded the scope of information that DCFS is required to track and report to the State and public. The State has since appealed the ruling. DCFS continues to provide the same type of information that has been reported in the past; however, the State’s appeal may change DCFS reporting processes.

Ms. LeRúe distributed a report titled, “*Child Fatality Aggregate Data for the period of January 1, 2012 to December 31, 2012,*” and reported the following:

- The State Department of Public Health (State DPH) is no longer able to provide child death data that had been previously provided to DCFS and included in DCFS reports, without State approval. In December of 2012, DCFS requested approval from the State to continue receiving data from the State DPH and is pending a response.

Mr. Nichols clarified that the State DPH is the best source to obtain child fatality data because their information covers all child fatalities in the County, including cases the Coroner does not receive. Cases that are not referred to the Coroner include death by natural cause while under a doctor’s care.

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- DCFS initially receives information on a child fatality from the Coroner's reporting through the DCFS referral line. Additional information is received from the law enforcement investigation and the Coroner's determination once an autopsy has been performed.
 - In 2011, there were approximately 900 child fatalities in the County. Of those 900 child fatalities, DCFS received information on 360.

Mr. Nichols added that the Board directed the CEO to establish a Countywide taskforce to identify standardized data that all the departments will report.

- In 2012, there were 316 child fatalities reported to DCFS. Of this amount, 145 children had some sort of contact with DCFS with 94 having specific contact. Since 2008, there has been a decrease in child fatalities. The findings indicate that Latino children are dying at a higher rate. Males are dying at a higher rate. The Second District has a higher rate of child fatality incidents; however, it is not determined if the child lived in the Second District.
- Of the 94 children that DCFS had contact with, children between the ages of zero to one had the highest rate of death; this statistic is consistent across the State and nation.
- In terms of deaths caused by suicide, hanging was the highest mode of death. The youth that committed suicide were not under DCFS care at the time of death. A pattern was evident that some of the youth received prior mental health services.

The Commission requested data on youth up to 24 years old that committed suicide after exiting the DCFS system and expressed the importance of looking at this category in terms of considering any hardships they may have experienced when transitioning out of DCFS.

In response to questions posed by the Commission, the presenters stated the following:

- Ms. LeRue stated that DCFS has reconciled their data with the County's Inter-Agency on Child Abuse and Neglect (ICAN), and are now partnering with ICAN earlier in the reporting period.
- Risk Management Division has presented information on child fatalities at each of the regional offices in an effort to better prepare social workers to incorporate preventive measures when dealing with children and families.

- **Mr. Nichols explained that Risk Management's recommendations are made on a case specific level.**
- **Ms. LeRue clarified that the 2012 child fatality data is pending review of 119 autopsy reports. The numbers indicated in the report are expected to increase based on review of these pending reports.**
- **Fesia Davenport, DCFS Chief Deputy Director, added that DCFS can raise awareness on the dangers of co-sleeping by placing public awareness posters in their offices and by having social workers educate families on the hazards of co-sleeping.**
- **Mr. Nichols explained that deaths caused by a drug overdose are tracked and included in the report; however, the reporting does not specify whether the overdose was a result of psychotropic medications. An internal review is conducted on critical incidents that do not result in child fatality.**

The Commission suggested that providing the community with statistical information on deaths caused by co-sleeping may be impactful in raising awareness. Additionally, community outreach with personal testimonies of those affected by a death caused by co-sleeping may send a powerful message.

The Commission thanked the presenters for the comprehensive report and commented on the benefits of having child advocates participate in the review of child fatality cases.

Mr. Nichols explained that a detailed review is conducted by individuals with a background in social work.

After discussion, by common consent and there being no objection, this item was received and filed.

Attachments: [SUPPORTING DOCUMENT](#)

7. Systems Leadership Team Update:

- **Adelina Sorkin, Commission Representative (13-2380)**

Commissioner Sorkin provided a brief background on the Mental Health Services Act (MHSA) and reported the following:

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- **The Mental Health Services Oversight and Accountability Commission (MHSOAC) oversee the MHSA funding at the State level. In June, MHSOAC will discuss whether a new formula for allocation of funds will be applied. Additionally, on the MHSOAC agenda for May 23, 2013 is a report titled, Updated: MHSOAC Paper "Children, Youth and Families: MHSOAC Prevention and Early Intervention (PEI) Action Plan Priorities for the First Three Years" (Action).**

Sylvia Drew Ivie added that the MHSOAC also defines integration of mental health funding. The definition and types of integration is unclear.

After discussion, by common consent and there being no objection, this item was received and filed.

IV. DISCUSSION/APPROVAL

- 8.** Discussion and approval to send a letter to the Director of Mental Health on behalf of the Commission, expressing the Commission's recommendations concerning children and transition-aged youth for the new 3-year Mental Health Services Act (MHSA) Plan. (13-2156)

After discussion, on motion of Commissioner Carol O. Biondi, seconded by Commissioner Sandra Rudnick, unanimously carried, (Commissioners Franzen, Kleinberg, and Ng being absent), the Commission approved the letter with the following recommendations added to Section IV, *Continued Funding All Ages*:

- g) Support school-based health clinics with MHSA funds for student services such as drug and alcohol addiction to prevent criminal justice involvement at further points in their lives.**
- h) Provide necessary services to support the work of the mental health court for children and TAY; MHSA funds should be used wherever appropriate in conjunction with programs and services to support the mental health needs of children and TAY.**

Attachments: [SUPPORTING DOCUMENT](#)

V. MISCELLANEOUS

Matters Not Posted

9. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (13-2332)

There were none.

Announcements

10. Announcements for the meeting of May 20, 2013. (13-2333)

There were none.

Public Comment

11. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. (13-2334)

No members of the public addressed the Commission.

Adjournment

12. Adjournment of the meeting of May 20, 2013. (13-2335)

The meeting was adjourned at 12:00 p.m.